City of Jacksonville

APPLICATION FOR EMPLOYMENT

The City of Jacksonville considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. PLEASE PRINT.

PERSONAL INFORMATION

Today's Date:_____ Social Security Number (voluntary):_____

Last Name_____First Name_____Middle Name_____

Address_____City_____State_____Zip Code_____

How long have you lived at your current address:_____ Previous Address:_____

Home Phone:_____Work Phone:_____May we contact you at work: YES_____NO_____

Email address:_____ Cell_____

If you are younger than 18 years of age, please provide date of birth_____

GENERAL INFORMATION

Position Applied For:_____ How did you hear about this position?_____

_____

Have you applied here before?_____YES_____NO If Yes, When? _____

Do you have the legal right to accept employment in the U.S.?_____YES _____NO

Do any of your friends or relatives, including spouse, work for the City of Jacksonville?_____YES_____NO

Name_____Department_____

Are you currently employed?_____YES_____NO May your present employer be contacted?_____YES_____NO

What date are you available for work?_____

What category?_____FULL TIME_____PART TIME_____TEMPORARY_____SEASONAL

Which schedules?_____WEEKDAYS_____WEEKENDS_____EVENING_____NIGHTS_____SHIFTS

Certain positions with the City require a driver's license. Do you currently have a valid driver's license?_____YES_____NO

Have you ever been convicted of a felony?_____YES_____NO If so, please provide all details including the date/court below. (A conviction does not necessarily disqualify you for employment consideration by the City.)

_____

_____

_____

200 West Douglas ✦ Jacksonville, IL 62650 ✦ 217/479-4610 ✦ FAX 217/479-4609
www.jacksonvilleil.com

EDUCATIONAL BACKGROUND

	NAME & LOCATION	COURSE OF STUDY	GRADUATE?	DEGREE TYPE (DIPLOMA, BA, BS, MBA)
HIGH SCHOOL				
COLLEGE				
GRADUATE SCHOOL				
OTHER (SPECIFY)				
If necessary, attach additional sheets of paper to cover all education				

DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS, PROFESSIONAL LICENSES, REGISTRATIONS, AND/OR CERTIFICATIONS.
DESCRIBE ANY JOB-RELATED TRAINING YOU RECEIVED IN THE UNITED STATES MILITARY:
LIST PROFESSIONAL, TRADE, BUSINESS, OR CIVIC ACTIVITIES AND OFFICES HELD. ***You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:***
STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION:

EMPLOYMENT HISTORY

Please provide your complete and accurate employment record beginning with your present or last job. (attach additional sheets of paper if necessary). Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	**DATES EMPLOYED From**	**To**	**Full Time / Part Time (circle one)**
Address	**Month/Year**	**Month/Year**	**DESCRIBE WORK PERFORMED**
Telephone Number(s)	**Starting Salary**	**Ending Salary**	
Job Title			
Supervisor (Print Name and Title)			
Reason for Leaving			

Employer	**DATES EMPLOYED From**	**To**	**Full Time / Part Time (circle one)**
Address	**Month/Year**	**Month/Year**	**DESCRIBE WORK PERFORMED**
Telephone Number(s)	**Starting Salary**	**Ending Salary**	
Job Title			
Supervisor (Print Name and Title)			
Reason for Leaving			

Employer	**DATES EMPLOYED From**	**To**	**Full Time / Part Time (circle one)**
Address	**Month/Year**	**Month/Year**	**DESCRIBE WORK PERFORMED**
Telephone Number(s)	**Starting Salary**	**Ending Salary**	
Job Title			
Supervisor (Print Name and Title)			
Reason for Leaving			

Employer	**DATES EMPLOYED From**	**To**	**Full Time / Part Time (circle one)**
Address	**Month/Year**	**Month/Year**	**DESCRIBE WORK PERFORMED**
Telephone Number(s)	**Starting Salary**	**Ending Salary**	
Job Title			
Supervisor (Print Name and Title)			
Reason for Leaving			

REFERENCES

List three (3) individuals who may be contacted concerning your work history and background. Do not include relatives or former supervisors. (Please Print)

NAME	ADDRESS	PHONE
1.		
2.		
3.		

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I understand and acknowledge my responsibility to notify the employer if I need reasonable accommodation in any testing procedures or interviews required as a result of submission of this application.

I understand that any false information, omission or misrepresentation of facts called for in this application may result in rejection of my application or discharge at any time during my employment.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I agree to a post offer physical exam and drug testing prior to employment. I agree to psychological testing as required for certain positions (Police and Fire Departments, for example).

I understand that the use of illegal drugs in prohibited during employment.

I am willing to submit to testing to detect the use of illegal drugs and alcohol during employment.

Unsolicited applications will be kept on file for one (1) year, and solicited applications (job openings that are advertised) will be kept on file for two (2) years.

I understand and agree that if hired, my employment is for no definite period and can be terminated at any time, with or without notice, with or without cause by either party. In the event that I am employed, I understand that regardless of the job I am first assigned, I may be required to accept a change of job, depending on my demonstrated skills after employment and/or the needs of the City. I understand that I am required to abide by all rules and regulations of the City.

Signature of Applicant _____ Date _____

AUTHORIZATION TO RELEASE INFORMATION

I, _____, hereby authorize the City of Jacksonville, Illinois, or its duly authorized representative, to conduct a thorough investigation of my background. I understand this investigation may include the following:

Educational Background
Financial and Credit History
Military Service
Criminal and Traffic Record
Employment and Past Employment
Professional and Personal References

Authorization For Release of Information

I hereby authorize any agency to release information concerning the existence or non-existence of any of the above sources of information.

I agree to hold harmless those agencies, their employees, and the City of Jacksonville from any action arising out of release of such information.

I hereby release from liability the City of Jacksonville and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

Signature (Applicant)_____

Date_____

Name (Printed)_____

Drivers License Number_____

State of Issue_____

Signature (Witness)_____

Date_____

200 West Douglas ✦ Jacksonville, IL 62650 ✦ 217/479-4610 ✦ FAX 217/479-4609
www.jacksonvilleil.com